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		Michael A. Schade (Depositor's			Oppositor's name)					
								(Signature)		
			EI	ectronically	Transm	nitted on 11/	03/2009	(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION N				
10/526,918	11/14/2005		Richard P. Anderson			ITP 34	7530			
TITLE OF INVENTION: F	PROCESS FOR SEPA	RATING TI FROM A TI	SLURRY							
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nonprovisional	<del>-7-60-</del> NO		.0 3300 30 0000 \$1010							
EXAMIN	IER	ART UNIT	CLASS-SUBCLASS	J						
SHEVIN, M		1793	075-408000							
1. Change of corresponden CFR 1.363).	ce address or indicatio	n of "Fee Address" (37	2. For printing on the p			ı Dunlap	Codding	, P.C.		
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Address form P10/SB/	Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to						
PTO/SB/47; Rev 03-02 Number is required.	or more recent) attach	ed. Use of a Customer	(2) the name of a single time (making as a microsova registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 isted, no name will be printed.							
3. ASSIGNEE NAME AN	D RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)						
PLEASE NOTE: Unle	ss an assignee is ident	ified below, no assignee	data will appear on the p T a substitute for filing an	atent. If an assig	nee is ident	tified below, the d	ocument has	been filed fo		
(A) NAME OF ASSIG		piction of this form is 140	(B) RESIDENCE: (CIT	and STATE OR	COUNTRY	n				
Cristal US			Woodridge, IL 60517 USA							
Please check the appropria	ate assignee category o	r categories (will not be p	nnted on the patent) :	Individual XXX (	Corporation	or other private gr	oup entity [	Governmen		
4a. The following fee(s) as			b. Payment of Fee(s): (Ple							
XX Issue Fee			A check is enclosed							
YM Publication Fee (No			XXI Payment by credit card. Form PTO 2038 is attached. Transmitted Electronicall  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form					ronicany credit any		
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5. Change in Entity State	us (from status indicate	d above)	XX b. Applicant is no lo	1	II ENERIS	FV C 17 (	ED 1 27/aV2	),		
a. Applicant claims	SMALL ENTITY star	as. See 37 CFR 1.27.	b. Applicant is no lo	the applicant a re	vistered atte	omey or agent, or t	he assignee o	r other party		
NOTE: The Issue Fee and interest as shown by the re	cords of the United St	ates Patent and Trademar	k Office.	tite applicating a re-						
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Authorized Signature	-10/00									
Typed or printed name	Michael A. Sc	hade		Registration						
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